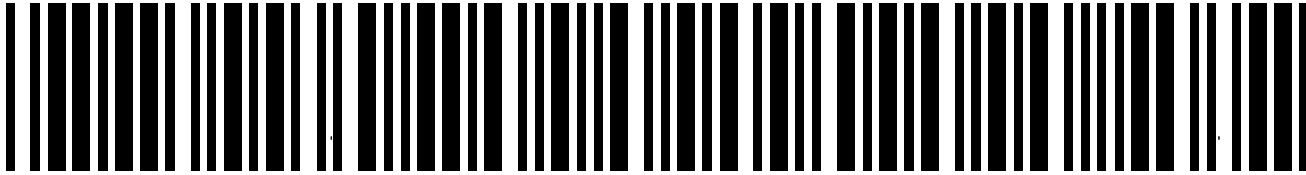


STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☒ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☒

More than 15 Companion Cases ☐

11/17/2020
Date:(MM/DD/YYYY)

SSN: 217-25-7160

☐ Specific Injury

ADJ12031731
Case Number 1

☒ Cumulative Injury

06/25/2018
(Start Date: MM/DD/YYYY)

02/15/2019
(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 330 HAND

Body Part 3: 340 FINGERS

Body Part 2: 320 WRIST

Body Part 4: 315 ARM

Other Body Parts: 700 MULTIPLE

Please check unit to be filed on (check only one box)

☒ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ SAU ☐ INT ☐ RSU

Companion Cases

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 3

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 4

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 5

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 6

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 7

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 8

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 9

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 10

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 11

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 12

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 13

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 14

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 15

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 16

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

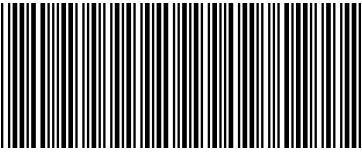
Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____





STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
DECLARATION OF READINESS
TO PROCEED TO EXPEDITED HEARING (TRIAL)
[Labor Code section 5502(b)]

T

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

ADJ12031731
Case No.

Applicant

JONATHAN
First Name MI

SHOCKLEY
Last Name

VS

Employer Information

CARDIONET LLC
Employer Name (Please leave blank spaces between numbers, names or words)

1000 CEDAR HOLLOW ROAD
Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

MALVERN PA 19355
City State Zip Code

The Declarant requests that this case be set for expedited hearing and decision on the following issues:

- ☒ Entitlement to medical treatment per Labor Code § 4600, except issues determined pursuant to Labor Code §§ 4610 and 4610.5.
- ☐ Entitlement to temporary disability, or disagreement on amount of temporary disability.
- ☐ Whether there is a properly established MPN in which the employee may obtain treatment. (If requested, this will be the only issue heard at the hearing.) See Labor Code §§ 4603.2(a)(3); 5502(b)(B).
- ☐ Entitlement to compensation is in dispute because of a disagreement between employers and/or carriers.

Declarant states under penalty of perjury that he or she has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed above:

APPLICANT RAISED ISSUE REGARDING NECK WITH DEFENDANT AS PTP DR. JAMASBI HAS DIAGNOSED A NECK CONDITION AND RECOMMENDED TREATMENT. QME HAS FOUND INJURY TO NECK. SUPPLEMENTAL REPORT REQUESTS WERE ISSUED TO QME AND QME CONFIRMED NECK MUSCULATURE INJURY RELATED TO CLAIM. DEFENDANT REFUSES TO PROVIDE TREATMENT FOR NECK. WCAB INTERVENTION REQUESTED.

T

Declarant states under penalty of perjury that there is a bona fide dispute; that he/she is presently ready to proceed to hearing; that his/her discovery is complete on said issues.

Declarant's Signature _____

PACIFIC WORKERS OAKLAND

Name of declarant or name of the law firm of the declarant (Print or Type)

333 HEGENBERGER ROAD SUITE 504 OAKLAND CA 94621

Address (Please leave blank spaces between numbers, names or words)

510.444.2512

Phone Number

Date 11/17/2020

MM/DD/YYYY

Re: *Jonathan Shockley v. Cardionet LLC*
ADJ: ADJ12031731

PROOF OF SERVICE

I, the undersigned, am over 18 years of age and not a party to the within-entitled action. I am employed at and my business address is Pacific Workers, 333 Hegenberger Road, Suite 504, Oakland, CA 94621.

On November 17, 2020 I served the following:

Declaration of Readiness - EH

BY MAIL: I am readily familiar with the firm's practice for collecting and processing mail with the U.S. Postal Service. Under that practice, mail would be deposited with the U.S. Postal Service that same day with postage thereon fully prepaid at Oakland, California in the ordinary course of business, addressed as follows, unless otherwise noted:

Workers' Compensation Appeals Board
1515 Clay Street, 6th Floor
Oakland, CA 94612

Jonathan Shockley
1000 Sutter Street - Room 123
San Francisco, CA 94109

Mario Castro
Chubb Group Los Angeles
P.O. Box 30850
Los Angeles, CA 90030

Mr. James J. Goines
Colantoni Collins San Francisco
555 Corporate Drive, Suite 205
Ladera Ranch, CA 92694

Cardionet LLC
1000 Cedar Hollow Road
Malvern, PA 19355

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on November 17, 2020 at Oakland, California.


Sara Guzman

David E. Smolins, M.D.
Interventional Pain Medicine

Mark J. Sontag, M.D.
Sports, Spine and Electrodiagnostics Medicine

Elaine S. Date, M.D.
Musculoskeletal, Spine and Electrodiagnostic Medicine

Adam J. Stoller, M.D.
Interventional Pain Medicine

Mikel Davenport, L.A.c
Acupuncturist



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Orthopaedic Surgery, Sports Medicine

R. Elaine Lambert, M.D.
Rheumatologist

Marina Zyskina, N.P.

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January 23, 2020

PANEL QUALIFIED MEDICAL EVALUATION - ML-102

RE: SHOCKLEY, Jonathan
DOB: 09/27/1978
INSURANCE: Chubb Group Insurance Company
CLAIM #: 7173815490
DOI: 02/15/2019
EMPLOYER: CardioNet

Dear Concerned Parties:

Mr. Jonathan Shockley had an appointment for Remedy Medical Group at 01/23/20 on 490 Post Street, Suite 900, San Francisco, California 94102 from 1 p.m. to 2 p.m. I spent one hour face-to-face with the patient. Rosa Fesili assisted me with record review. A total of forty-five minutes were spent in record review. This will be billed as an ML-102.

HISTORY OF PRESENT ILLNESS:

Mr. Shockley is a right-handed EKG technician at CardioNet. His job is comprised of processing approximately thousand EKGs an hour, which involves about seven hours of day of sitting to work on the computer, extensive mouse clicking, and keyboarding. He has a history of hand and wrist pain in 2009 while he was teaching ballet. He saw a hand surgeon, Dr. Markison, who recalls that he has right-sided greater than left-sided tenosynovitis that resolved several weeks after its onset. He started working in June 2018 at CardioNet. He noticed initially that his right hand started hurting and he got a left-handed mouse in October 2018. He had no right hand improvement and then his left hand and forearm started hurting him. He got a pedal, so he could click with his foot in December 2018 and his foot started bothering him.

On 02/15/19, he had extreme pain in both hands and arms and reported it to his boss. He was sent to see Dr. Lang, who is a hand surgeon. The hand surgeon sent him to PT where they did an ultrasound and hot and cold therapy which did not help. He was not offered any injection or further therapies. He was made permanent and stationary and Dr. Jamasbi later saw him and did acupuncture, massage, and during the course of treatment of Dr. Jamasbi, he received some TENS therapy which he states caused a flare-up of his pain. He has not received TENS since that episode, but he reports that his pain on the right side still goes up into his right shoulder.

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January 23, 2020

Page 2

RE: SHOCKLEY, Jonathan

CURRENT COMPLAINTS:

He reports bilateral arm aching and burning and bilateral neck aching. He states that his bilateral arm pain is constant and moderate in intensity and he has intermittent neck pain that is mild and he has arm numbness and tingling that is intermittent and mild. He also reports moderate loss of sexual functioning.

His neck pain ranges from 2 to 3 out of 10. His arm pain is currently between a 3 and a 4 out of 10. His pain is exacerbated by lifting, hand activity, writing, cleaning, and dressing. It is better with rest, acupuncture, and massage. Ibuprofen and diclofenac are also helpful in alleviating his pain. He has no problems with sitting, standing, or walking tolerance. Treatment for his current problem; He went to Golden Gate Hand Therapy for nine weeks twenty-five weeks ago. He had a 5% improvement. He had acupuncture with Andreas Schwerte for eight weeks, which improved his pain by 25%. He denies any problems with gait or loss of bladder or bowel control. The sports or activities he is unable to perform include ballet, chess teaching, house repairs, lifting heavy objects, cleaning, and/or cooking massage, sexual activities, and card playing.

His sleep is affected. It is hard to fall asleep when he has a flare of his pain. He gets six to seven hours of sleep a night. He has difficulty both falling asleep and staying asleep.

He states that a lot of activities are affected because he is unable to use his hands or his fingers.

His mood is affected. He has increased anxiety despair, which he is managing with medication.

His gastrointestinal system is not affected.

His functional limitations include not being able to write, use a computer or cell phone, difficulty with cooking, cleaning, lifting heavy objects, playing sports, house repairs and projects, teaching ballet or chess, firmly shaking hands. He cannot lift any more than 5 pounds.

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Page 3

RE: SHOCKLEY, Jonathan

MEDICAL HISTORY:

1. Anxiety.

SURGICAL HISTORY:

1. Adenoidectomy.
2. LASIK surgery.
3. Sympathectomy.
4. Big toe bone spur removal.
5. Achilles tendon debridement.

SOCIAL HISTORY:

He is single. He does not consume any alcohol. He does not use any tobacco products.

FAMILY HISTORY:

Rheumatoid arthritis.

REVIEW OF SYSTEMS:

Fourteen-point review of systems is positive for the aforementioned problems, otherwise, negative.

OCCUPATIONAL HISTORY:

He worked as an EKG tech initially at BioTelemetry LifeWatch, started in June 2018. He was with this employer for a year. He was in the occupation for a year.

His previous employer was Pacific Chess Academy. He was with them for two years.

In the course of a normal workday, he states he was sitting for seven and a half hours. The demands that restrict him from regular duty are continuous computer work with mousing and keyboarding.

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January 23, 2020

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RE: SHOCKLEY, Jonathan

He was satisfied with his job.

TREATING PROVIDERS:

1. Dr. Patrick Lang.
2. Dr. Babak Jamasbi.
3. Dr. Robert Markison.

CURRENT MEDICATIONS:

1. Advil, taking a total of 1600 mg a day.
2. Voltaren cream.
3. Aspirin 81 mg.

DRUG ALLERGIES:

He has no known drug allergies.

VALIDATED QUESTIONNAIRES:

1. PHQ-9 is 1/30, indicating no reactive depression.
2. Epworth Sleepiness Scale is 3, indicating no abnormal daytime somnolence.

QUESTIONS CONCERNING ACTIVITIES OF DAILY LIVING:

1. Self-care activities are uncomfortable and done slowly.
2. I can lift and carry heavy objects, but I get extra discomfort.
3. There has been no change in his ability to walk after the injury.
4. He states very heavy activity is the most strenuous level of activity he can do for at least two minutes.
5. He has no difficulty climbing a flight of stairs.
6. He can sit without any time limitation.
7. He can stand or walk between one to two hours at a time.
8. He has some difficulty with reaching and grasping for something off of a shelf at chest level.

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January 23, 2020

Page 5

RE: SHOCKLEY, Jonathan

9. He has some difficulty reaching and grasping for something off of a shelf overhead.
10. He can push or pull heavy objects.
11. He has a lot of difficulty with gripping, grasping, holding, and manipulating objects with his hands.
12. He has a lot of difficulty with repetitive motions such as typing on a computer.
13. He has a lot of difficulty with forceful activities with his arm and hands.
14. He has no difficulty with kneeling, bending, and squatting.
15. His sleep is moderately disturbed because of his injury.
16. There has been a moderate change in his sexual function due to his injury.
17. His pain is moderate at the moment.
18. His pain is moderate most of the time.
19. His pain and injury interfere with his ability to travel some of the time.
20. Most of the time, his pain and injury interfere with his ability to do daily chores.
21. Some or little of the time, his pain and injury interfere with his ability to engage in social activities.
22. A lot or most of the time, his pain and injury interfere with his ability to engage in recreational activities.
23. Some of the time, his pain and injury interfere with his ability to concentrate or think.
24. His pain and injury have caused mild depression or anxiety.
25. He believes that the following statements are true:
 - a. I am afraid that if I exercise, I will hurt myself.
 - b. My body is telling me I have something dangerously wrong.
26. There has been a severe change with his ability to communicate by typing and writing. There has been no change regarding communication by hearing, seeing, or speaking.
27. Regarding his ability to work, I cannot do my usual work and can hardly do any work at all.

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Page 6

RE: SHOCKLEY, Jonathan

SPECIFIC WORK AND FUNCTIONAL CAPACITY ACTIVITY ESTIMATE BY THE PATIENT AT PRESENT TIME:

1. He can do six to eight hours of the following:
 - a. Sitting.
2. He can do four to six hours of the following:
 - a. Walking.
3. He can do two to four hours of the following:
 - a. Bending and twisting at the waist.
 - b. Kneeling.
 - c. Climbing stairs.
 - d. Walking over uneven ground.
 - e. Squatting.
 - f. Climbing ladders.
4. He can do less one to two hours of the following:
 - a. Repetitive neck motions.
 - b. Static neck posturing.
5. He can do less than one of the following:
 - a. Repetitive use of the upper extremity.
 - b. Gripping and grasping with my left hand.
 - c. Pushing and pulling on the left.
 - d. Fine manipulation with my left hand.
 - e. Reaching at shoulder level on the left.
 - f. Reaching above shoulder level on the left.
 - g. Repetitive use of the right upper extremity.
 - h. Gripping and grasping with the right hand.
 - i. Fine manipulation with the right hand.
 - j. Pushing and pulling on the right.
 - k. Reaching at shoulder level on the right.
 - l. Reaching above shoulder level on the right.

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January 23, 2020

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RE: SHOCKLEY, Jonathan

6. He can do zero hours of the following:
 - a. Forceful use of the left upper extremity.
 - b. Forceful use of the right upper extremity.
 - c. Lifting and carrying 5 pounds.

MEDICAL RECORD REVIEW:

3.1.2019 P. Lang, MD. Hand surgery consultation for bilateral hand, wrist, and forearm pain. Patient is a right handed electrocardiogram technician who reports several month history of worsening bilateral hand, wrist, and forearm pain. Physical exam: Tinel's sign in ulnar nerve at the elbow is negative bilaterally, Finkelstein's test is negative bilaterally, Watson's test negative bilaterally, forearm compartments are soft and nontender. Diagnosis: bilateral upper extremity repetitive strain injury. Plan: recommend occupational hand therapist on a repetitive strain protocol. Optimize computer workstation ergonomic and use dragon software, follow up 6-8 weeks.

3.18.2019, 3.20.2019, 3.25.2019, 3.27.2019, 4.1.2019, 4.3.2019, 4.8.2019, 4.10.2019, 4.15.2019, 4.17.2019, 4.22.2019, 4.24.2019, 5.3.2019, 5.10.2019, 5.15.2019, 5.22.2019, 5.29.2019 A. Ting, OT., C. Wong, OT. Occupational therapy for bilateral hands. Diagnosis: pain in left hand. Pain in the right hand.

4.16.2019 P. Lang, MD. Hand surgery follow up for bilateral upper extremities. Patient reports improvement, used to have pain and bilateral hand, wrist and forearm, symptoms continue to wax and wane relative duplicate or use. Diagnosis: bilateral upper extremity repetitive strain injury. Plan: patient made some adjustments to ergonomic workstation which provides some mild improvement of symptoms, will maintain work restrictions from computer use for the next six weeks, continue to work with occupational therapist call follow-up in six weeks. Work status: no computer youth.

5.28.2019 P. Lang, MD. Hand surgery follow-up for bilateral upper extremities. Patient symptoms remain unchanged. Patient did undergo a formal ergonomic evaluation of the computer workstation. The patient has been off of work for several weeks now and the group is persistent, patient reports he was on the phone and started having right wrist and forearm pain from simply holding the phone. Diagnosis: same. Plan: patient symptoms are classic for

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January 23, 2020

Page 8

RE: SHOCKLEY, Jonathan

repetitive strain injury, recommend we designate him permanent stationary pheasant permanent work restriction of no computer use. No follow-up needed.

PHYSICAL EXAM:

General:

Well-nourished, well-developed gentleman, in no acute distress.

Cardiac:

His extremities are warm and well perfused.

Pulmonary:

He is breathing comfortably on room air.

HEENT:

He has moist mucous membranes. He has tenderness to palpation in his cervical paraspinal muscles. He has 90 degrees of rightward and leftward rotation. He has C-spine flexion of 80 degrees, extension 20 degrees. All extremes of motions of the C-spine cause him to have neck pain. Lateral bending is 10 degrees bilaterally with pain at 10 degrees.

Musculoskeletal:

Bilateral 5/5 grip strength, bilateral 5/5 first to second and first to fifth digit grip strength. 5/5 biceps and triceps strength. Shoulder forward flexion is 160 degrees bilaterally with extension 50 degrees bilateral. Shoulder abduction is 120 degrees bilateral and adduction is 20 degrees bilateral.

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January 23, 2020

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RE: SHOCKLEY, Jonathan

Neuro:

He has negative Tinel's sign bilaterally at the carpal tunnel and negative Tinel's bilaterally at the cubital tunnel. He has 1/2 biceps reflexes, 0/2 triceps reflexes, and 0/2 brachioradialis reflexes. Sensation is normal in his upper and lower extremities to light touch.

Psych:

Regular speech, tone, and prosody. Logical thought process. Odd affect.

IMPRESSION:

1. Cervicalgia.
2. Bilateral forearm and hand pain.

DIAGNOSTIC STUDIES:

1. He requires a bilateral upper extremity nerve conduction study/EMG.
2. He requires a cervical spine MRI.

PERMANENT AND STATIONARY STATUS:

He is not permanent and stationary. He needs further diagnostic workup. Once that workup is done and the appropriate treatment is offered, he should then be examined for first permanent and stationary status.

CAUSATION:

100% causation is found to the 02/15/19 cumulative trauma injury.

APPORTIONMENT:

He does have a previous injury in his upper extremities. I would like to see documentation of this to appropriately apportion current injury and its role in his pain.

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January 23, 2020

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RE: SHOCKLEY, Jonathan

WORK RESTRICTIONS:

He should lift no more than 5 pounds at the current time.

FUTURE CARE:

1. He requires medication for neuropathic pain, topical medications, and medications for myofascial pain.
2. He should continue to see Dr. Jamasbi for treatment.
3. He may require cervical epidural steroid injection.
4. He may require trigger point injections.
5. He requires twenty sessions of acupuncture.
6. He may require twelve sessions of physical therapy every six months for the next four years for flares.
7. He is an ideal candidate for a functional restoration program.

Thank you for allowing me to be your QME. Should you have any questions, please constitute them in a form of request for supplemental and I would be happy to address them.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,

Adam J. Stoller, M.D.

0123 27662624

CC: Mario Castro, Claims Adjuster
James Goines, Defense Attorney
Zachary Kweiler, Applicant Attorney

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September 20, 2020

MEDICAL LEGAL SUPPLEMENTAL REPORT

RE: SHOCKLEY, Jonathan
DOB: 09/27/1978
INSURANCE: Chubb Group Insurance Company
CLAIM #: 7173815490
DOI: 02/15/2019
EMPLOYER: CardioNet

Dear Concerned Parties,

I am in receipt of a July 24, 2020 request for a supplemental report from Mr. Zachary Kweiler in the matter of Mr. Jonathan Shockley. I have spent 45 minutes reviewing medical records and 30 minutes drafting editing this report. This will be billed as an ML 106 with 1 hour and 15 minutes being spent.

1. Body parts: Please make an express statement as to whether or not Mr. Shockley sustained an injury to the cervical spine and bilateral upper arms in connection with his excepted CT injury through 2/15/2019.

Mr. Shockley sustained an injury to the cervical musculature due to a cumulative trauma injury through 2/15/2019. This is caused by prolonged periods of neck flexion and rotation while in flexion due to his work position. There is no evidence that he has an injury to his cervical spine.

Mr. Shockley did sustain an injury to his bilateral upper arms due to his feeling of trauma injury through 2/15/2019. This is due to overuse and pressure when to the nerves running through the cubital tunnel with sustained periods of elbow flexion while the patient worked.

Both of these injuries arise out of an act of employment and during the course of employment.

2. TTD/work restrictions: Please clarify the work restrictions for Mr. Shockley considering the restrictions you provided, the restrictions by Dr. Jamasbi, and the restrictions by Dr. Lang.

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Month XX, 2020

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RE: LAST, First

Mr. Shockley should not do any repetitive activities using upper extremities for longer than 1 hour in the ER shift. He should not be lifting pushing or pulling greater than 5 pounds. I presume Dr. Lang's restriction of no use of a computer is seemingly based on keyboarding and mousing. Mr. Shockley could certainly use a computer with a voice to text software and could use a keyboard and mouse for less than 1 hour in any 8-hour shift.

The applicant should have the above restrictions from 5/29/2019 on. I would consider this to be permanent work restrictions.

3. Records: Please review the records of Dr. Jamaal's be since her initial evaluation discussed whether any of these records changed any of the opinions outlined in your initial report or any supplemental reports.

Unfortunately, these records have been sent to us in a format that we do not have the capacity to process. I am happy to review the supplemental records when they are sent to format that my office is able to process (i.e., on paper not on CD-ROM).

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,

Adam J. Stoller, M.D.

CC: Mario Castro, Claims Adjuster
James Goines, Defense Attorney
Zachary Kweiler, Applicant Attorney

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RE: LAST, First

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Apr 06, 2020

MEDICAL LEGAL SUPPLEMENTAL REPORT - ML-106

RE: Shockley, Jonathan
EMP: CARDIONET LLC
DOI: 02/15/2019
CLAIM #: 7173815490

Dear Concerned Parties,

I am in receipt of a February 10, 2020, EMG/NCV of the bilateral upper extremities for Mr. Jonathan Shockley. I have spent 20 minutes reviewing this report, 20 minutes of reviewing her medical record and 20 minutes writing and editing this report. This will be billed as an ML-106 with 60 minutes spent.

This study is abnormal. There is evidence of bilateral demyelinating Ulnar mononeuropathy across the elbows. This is consistent with a diagnosis of bilateral cubital tunnel syndrome. He should continue to treat with Dr. Jamasbi. OT for his bilateral forearms with 14 sessions would be a good place to start treating this problem. If he fails to respond to HEP, OT, the use of elbow braces at night and medication, consultation with a surgeon may be appropriate.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,



Adam J. Stoller, M.D.

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Apr 06, 2020

Page 2

RE: Shockley, Jonathan

CC:

Mario Castro, Claims Adjuster

James Goines, Defense Attorney

Zachary Kweller, Applicant Attorney

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State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request**
☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ **Check box if request is a written confirmation of a prior oral request.**

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Geneza for Christian**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

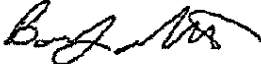
Fax Number: **800-664-1765**

E-mail Address:

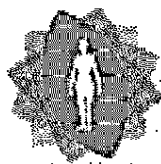
Requested Treatment (see instructions for guidance, attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

upper limb		Date of Visit: Sep 25, 2020		
Treatment to be paid under the CA OMFS.				
Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
			Date: 09/29/2020 at 12:59 PM(PT)	
Requesting Physician Signature:				
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweller, Esq. 866-819-6169



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

**Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Sep 25, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029**

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here via Facetime to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain complaints today. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for 6 sessions of aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today. He took one tablet of gabapentin that was prescribed at his previous visit, and he reports extreme fatigue for days from this medication.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Gabapentin 300 Mg Capsule Take one QHS
4. Advil (OTC)
5. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20 Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We have requested for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report.
- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.
- Our request for 12 additional sessions of acupuncture has been denied on appeal and submitted for IMR review, no updates today. He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. We will monitor his response to this treatment.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.
- With regard to his work restrictions, we have indicated that he can perform 1 hour of computer work in an 8 hour day, we are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. Gabapentin discontinued due to side effects.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a

dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

Followup:**6 Week(s)****with Julia Fellows, PA-C****CC:****Kweller, Esq., Zachary : 09/29/2020****Castro, Mario : 09/29/2020**

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 09/27/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request** ☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ **Check box if request is a written confirmation of a prior oral request.**

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

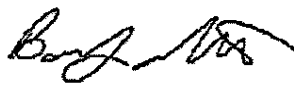
Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

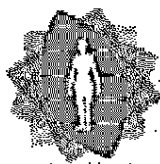
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	6 sessions of Aquatic Therapy for the Bilateral Elbows, Bilateral Wrists and Bilateral Hands	97113	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 09/11/2020 at 08:10 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweller, Esq. 866-819-6169**Nurse Case Manager (If applicable):**



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

**Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Sep 04, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029**

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:*******

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. He has also had a new EMG of the bilateral upper extremities done with Dr. Liberty Jenkins, neurologist. Per the patient, this also confirmed ulnar neuropathy.

Our request for 12 sessions of acupuncture treatment was denied and is in the process of appeal. In the meantime, he would be interested in trying aqua therapy.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:*********PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:*********PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of Aquatic Therapy (97113) Elbow Bilateral Elbows Wrist Bilateral Wrists Hand Bilateral Hands.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20 Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

1 Gabapentin 300 Mg Capsule SIG: Take one QHS QTY: 30.00.

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report today.

- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.

- Our recent request for 12 additional sessions of acupuncture has been denied and will be appealed based on functional improvement that was documented at his last clinic visit. At this time we will request for 6 sessions of aqua therapy for his wrists, hands, and elbows.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Our recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today. We will also trial Gabapentin, we will start him off with 300 mg at night and monitor his response at his next

visit, consider titrating up to full therapeutic dosing if tolerated.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 25 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

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JUSTIFICATION:

Gabapentin (Neurontin): The following has been recommended regarding Gabapentin (Neurontin) in the MTUS/ACOEM guidelines

Anti-convulsant Agents for Neuropathic Pain Recommended.

Anti-convulsants (Gabapentin, Pregabalin, Mirogabalin, Gabapentin Enacarbil, Lamotrigine, Topiramate, Carbamazepine, and Oxcarbazepine) are moderately recommended for treatment of neuropathic pain.

Strength of Evidence – Moderately Recommended, Evidence (B)

Level of Confidence – High

Indications: Moderate to severe painful neuropathic pain sufficient neuropathic pain to require medication. Generally, anti-convulsants are considered a potential adjunct as a second- or third-line treatment for chronic neuropathic pain, after attempting other treatments (e.g., anti-depressants, aerobic exercise, other exercise).

Benefits: Modest pain reduction. May include reduced sleep disturbance.

Harms: Sedating properties may be intolerable. For some, the sedation is sufficient to impair daytime activities and thus, especially in those cases, be inappropriate for safety sensitive jobs. Also may have adverse effects including nausea, vomiting, dizziness, confusion, somnolence and weight gain. Carbamazepine may be associated with fluid and electrolyte abnormalities. Topiramate may cause kidney stones and ocular toxicity.

Frequency/Dose/Duration: Frequency and dosing are based on the medication prescribed. Duration of use for neuropathic pain patients may be indefinite, although many of these patients do not require indefinite treatment as the condition usually often resolves or improves. Gabapentin dose is initiated usually at 300mg/day and gradually raised.

Indications for Discontinuation: Resolution of pain, lack of efficacy, intolerance, or development of adverse effects. Monitoring of employed patients is indicated due to elevated risks for CNS-sedating adverse effects.

Rationale: There is high and moderate quality evidence of efficacy for multiple anti-convulsants (Gabapentin, Pregabalin, Lamotrigine, Carbamazepine and Topiramate) for treatment of peripheral neuropathic pain in comparison with placebo [199][200, 201][191-194, 198, 202]. Although not all studies are positive [195, 196, 1146, 1147], the highest quality studies and those with larger sample sizes suggest efficacy. Nearly all quality evidence is of peripheral neuropathic pain, although at least one quality trial included MS patients [192]. There is not evidence that adding lamotrigine to gabapentin is efficacious [192]. Comparable efficacy has been suggested when comparing gabapentin and nortriptyline [1120]. In a study by Otto 2004, Valproic acid did not prove efficacious, however, in another study divalproex showed efficacy for post-herpetic neuralgia when compared to placebo at 8 weeks [1148]. Anti-convulsants are not invasive, have some adverse effects, are moderate cost, have some quality evidence of efficacy for treatment of neuropathic pain and are recommended.

Evidence: A comprehensive literature search was conducted using PubMed, Scopus, CINAHL, and Google Scholar without date limits using the following terms: neuropathic pain, nerve pain, neuralgia; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 1413 articles in PubMed, 917 in Scopus, 176 in CINAHL, 9,630 in Google Scholar and 0 from other sources. We considered for inclusion 349 from PubMed, 0 from Scopus, 12 from CINAHL, 0 from Google Scholar and 0 from other sources. Of the 361 articles considered for inclusion, 238 randomized controlled trials and 123 systematic reviews met the inclusion criteria. A comprehensive literature search since 2012 was conducted using PubMed using the following terms: diabetic neuropathy; controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random*, randomized, randomization, randomly; systematic, systematic review, retrospective, and prospective studies. We found and reviewed 2423 articles in PubMed and 0 from other sources. We considered for inclusion 19 from PubMed and 0 from other sources. Of the 19 articles considered for inclusion, 13 randomized controlled trials and 0 systematic reviews met the inclusion criteria. There is high-quality and moderate-quality studies incorporated into this analysis. There is low-quality evidence listed in Appendix 4.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with

references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 09/08/2020

Castro, Mario : 09/08/2020

UR, Chubb : 09/08/2020

UR, Chubb : 09/09/2020

Kweller, Esq., Zachary : 09/11/2020

Castro, Mario : 09/11/2020

UR, Chubb : 09/11/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 09/04/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name Jonathan Shockley 09/27/1978 Date 09/11/2020

Address 1000 Sutter St Room 123 San Francisco, CA 94109

R 6 sessions of Aquatic Therapy for the Bilateral Elbows,
Bilateral Wrists and Bilateral Hands

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm,
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm,
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm,
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper
arm, M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region, G56.20
Lesion of ulnar nerve, unspecified upper limb

Refill	
--------	--



☐ Do Not Substitute
M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereshki, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request**
☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ **Check box if request is a written confirmation of a prior oral request.**

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:


Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	Surgical Consult for the Neck	99205	
		Trigger point injections to be done in office for the bilateral trapezius musculature		

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

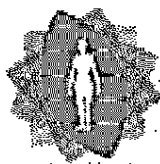
		Date: 08/13/2020 at 08:12 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:

UR Department (if applicable):213-612-5785

Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169

Nurse Case Manager (if applicable):



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

**Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Aug 07, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:*******

Patient is here to follow up on pain in his arms and bilateral hands.

Patient denies acute changes to his pain today. continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

The patient did see Dr. Leonard Gordon on July 22, 2020, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. Per the patient, Dr. Gordon feels that this may have been a misdiagnosis and he did not recommend surgery.

Our request for 12 additional sessions of acupuncture treatment has been denied, according to the patient. We do not yet have this denial letter, but will review when made available so that we can appeal. As previously discussed with acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. His pain is made worse with massage therapy.

With regard to medication, he continues with Lidocaine cream and Voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck.

Trigger point injections to be done in office for the bilateral trapezius musculature.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20 Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 7/22/20. Per the patient, he is not being recommended for surgery. We will request for Dr. Gordon's report.

- The patient has a QME re-evaluation with Dr. Stoller, which has now been postponed until January 2021.

- Per the patient, our recent request for 12 additional sessions of acupuncture has been denied.

We will appeal this based on functional improvement as discussed above.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. We will re-request for surgical consultation for the neck today as this was included in his QME.

- We will request for TPI in the bilateral trapezius region.

- We did discuss his work restrictions today. He has significant pain in his arms with extended periods of typing and computer work, therefore we have updated his work restrictions to reflect this today.

- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions:

- Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift.
- Light computer work for up to an hour for an 8 hour shift.
- No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches

for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating

physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

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CC:

Kweller, Esq., Zachary : 08/11/2020

Castro, Mario : 08/11/2020

UR, Chubb : 08/12/2020

Kweller, Esq., Zachary : 08/13/2020

Castro, Mario : 08/13/2020

UR, Chubb : 08/13/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 08/07/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request**
☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ **Check box if request is a written confirmation of a prior oral request.**

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:


Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

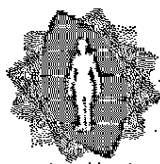
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	12 sessions of Acupuncture for the bilateral hands, wrists, and forearms	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 07/14/2020 at 06:59 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jul 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029**

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:**PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.
The patient does not drink alcoholic beverages.
The patient does not use illicit drugs.
The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

for bilateral hands, wrists, and forearms.

12 sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
G56.20 Lesion of ulnar nerve, unspecified upper limb

PRESCRIPTION:

Refill Added:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 7/22/20.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.
- With regard to medications, Voltaren gel and Lidocaine ointment refilled today.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 07/13/2020

Castro, Mario : 07/13/2020

Kweller, Esq., Zachary : 07/14/2020

Castro, Mario : 07/14/2020

UR, Chubb : 07/14/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 07/10/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name Jonathan Shockley Date 07/14/2020

Address 1000 Sutter St Room 123 San Francisco, CA 94109

R

**12 sessions of Acupuncture for the
bilateral hands, wrists, and forearms**

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

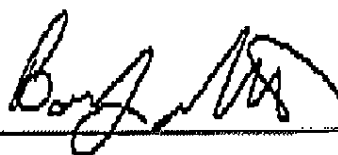
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

G56.20 Lesion of ulnar nerve, unspecified upper limb

Refill	
--------	--



☐ Do Not Substitute
M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zeresghi, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FKS223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request**
☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ **Check box if request is a written confirmation of a prior oral request.**

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Christian G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

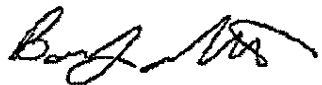
Fax Number: **800-664-1765**

E-mail Address:

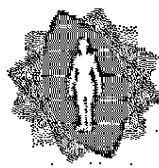
Requested Treatment (see instructions for guidance, attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		

upper limb		Date of Visit: Jul 10, 2020		
Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
Requesting Physician Signature: 			Date: 07/13/2020 at 03:30 PM(PT)	
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

**Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zeresghi, MD | Neil Kamdar, MD | John Alchemy, MD**

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jul 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029**

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for July 22, 2020.

With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:**PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.
The patient does not drink alcoholic beverages.
The patient does not use illicit drugs.
The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

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for bilateral hands, wrists, and forearms.

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PRESCRIPTION:

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This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side.

Plan:

- With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 7/22/20.
- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.
- The patient continues with acupuncture treatment at this time, with benefit. We will request for 12 additional sessions based on functional improvement as discussed above.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections. Our request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney.
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Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

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Diclofenac cream: The following has been recommended regarding Diclofenac in the MTUS/ACOEM guidelines

Topical NSAIDs for Chronic Persistent Pain Where Target Tissue Superficially Located Recommended.

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 07/13/2020

Castro, Mario : 07/13/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 07/10/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request**
☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ **Check box if request is a written confirmation of a prior oral request.**

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:


Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

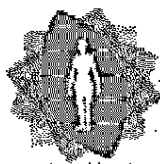
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm Lesion of ulnar nerve, unspecified upper limb	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10, G56.20	Surgical Consult for the Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller	99205	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 06/19/2020 at 11:10 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

**Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jun 12, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Since his most recent visit, he has been approved for 12 additional sessions of acupuncture treatment. We also have Dr. Bathia's BUE EMG report from 2/10/20. Our request for surgical consult for the neck was denied and will be appealed.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does not request for refills today.

Medical History:**PAST MEDICAL HISTORY**

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:**PSYCH/SOCIAL HISTORY**

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Bilateral Elbows- with Dr. Leonard Gordon for bilateral ulnar neuropathy on EMG as requested by QME Dr. Stoller.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- G56.20 Lesion of ulnar nerve, unspecified upper limb

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working.

Plan:

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 4/3/20 and is reviewed below, EMG was completed on 2/10/20 with Dr. Necti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side. We will request for surgical consult for the bilateral elbows today to address bilateral ulnar neuropathy, with Dr. Leonard Gordon.

- The patient has a QME re-evaluation with Dr. Stoller on August 20, 2020.

- The patient has been approved for 12 additional sessions of acupuncture treatment. We will monitor his response.

- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient defers injections at this time. Our request for surgical consultation with Dr. Paul Slosar was denied and will be appealed.

-No medications refilled at this visit.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct face to face time with the patient "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of

accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 06/19/2020

Castro, Mario : 06/19/2020

UR, Chubb : 06/19/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/18/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request**
☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ **Check box if request is a written confirmation of a prior oral request.**

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Christian G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**


Fax Number: **800-664-1765**

E-mail Address:

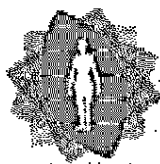
Requested Treatment (see instructions for guidance, attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Cervical disc disorder with radiculopathy, unspecified cervical region Other soft tissue disorders related to use, overuse and pressure, right upper arm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right forearm	M70.832, M70.831, M70.822, M70.821, Z79.899, M50.10	1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00 2 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1 REF: 1		
		Date of Visit: May 29, 2020		

Treatment to be paid under the CA OMFS.				
Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
			Date: 06/03/2020 at 03:59 PM(PT)	
Requesting Physician Signature:				
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweller, Esq. 866-819-6169



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J, Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: May 29, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):

415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his arms and bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

Patient has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment.

With regard to medication, he continues with Lidocaine cream and voltaren gel as topical medications. He denies side effects with his medications. He does request for refills today.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Voltaren 1% Gel Apply to affected area daily
3. Advil (OTC)
4. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Surgical Consult (99205) Neck- with Dr. Paul Slosar.

12- bilateral arms sessions of acupuncture 97813, 97814, 97026, 97124.

This is a formal request for authorization of the medications within the "prescriptions" section of

this note.

DIAGNOSIS:

- M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

TREATMENT PLAN:**Assessment:**

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and this requires him to perform repetitive activity using his hands. He is not currently working. Massage therapy exacerbated his pain.

Plan:

- We will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed above.
- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. This was completed on 2/10/20 with Dr. Bathia. We will request for her report.
- With regard to the cervical spine, MRI of the cervical spine from 4/3/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, we will request for this today with Dr. Paul Slosar.
- With regard to medication, Voltaren gel and Lidocaine cream refilled today. The patient prefers topical medications at this time.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. **Indications:** Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. **Trigger points & myofascial pain:** Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) **Osteoarthritis of the knee:** Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) **Axial back pain (including osteoarthritis):** Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the

treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 06/03/2020

Castro, Mario : 06/03/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 06/01/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ New Request
 ☐ Resubmission – Change in Material Facts
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Lyka for Christian**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**


Fax Number: **800-664-1765**

E-mail Address:

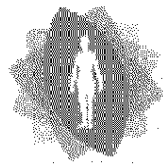
Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00 REF: 1 2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00		
		Date of Visit: Apr 24, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
			Date: 04/27/2020 at 04:30 PM(PT)	
Requesting Physician Signature:				
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kwellner, Esq. 866-819-6169



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Apr 24, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

Patient continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". he continues to report numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment.

He was approved for acupuncture treatment, he has had around 3 sessions so far.

He had a cervical MRI, we do have this for review. EMG was done at his QME evaluation, we do not have this report.

With regard to medications, he does report improvement with topical medications. He denies side effects with Lidocaine cream and voltaren gel. He requests for refills today.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Mental Status: The patient is awake, alert and fully oriented with normal speech and language. Appropriately conversant, pleasant, cooperates with exam.

Spine:

Upright spinal posture

Motor:

Patient is able to stand up from a chair unassisted.

Gait is narrow based and steady.

UE/LE muscle strength:

Bilateral upper and lower extremity strength appear intact on non-confrontational movement exam, without evidence for foot drop or other observable weakness. Normal bulk and tone. No atrophy noted.

Current Medications:

1. Lidocaine 5% Ointment Apply 2-3 grams to affected area up to 4 times daily
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
- M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
- M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
- M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00. REF: 1

2 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hands. He is not currently working.

Plan:

- He has been approved for additional acupuncture therapy, he has had around 3 session so far. He has discontinued massage therapy due to increased in pain.

- The patient did have a QME with Dr. Stoller on 1/23/20. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG at that evaluation, we will work on obtaining a copy of this report.

- MRI of the cervical spine from 4/3/20 was reviewed today with the patient. This shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral NF stenosis at C5-C6 may be attributing to right shoulder and deltoid pain. We discussed the possibility of CESI, the patient will take some time to think about this and we will consider requesting at subsequent follow up visits.

-With regard to medication, we have prescribed Voltaren gel and 5% lidocaine ointment. Will consider trial of neuropathic medications in the future, the patient prefers topical medications at this time.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

Greater than 50% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. 15 minutes were spent in direct contact via telemedicine with the patient. "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under

penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup,

2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 04/27/2020

Castro, Mario : 04/27/2020

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 04/27/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request** ☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

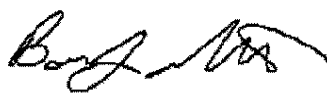
Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	Cervical Spine MRI without contrast	72141	

Treatment must be paid under the California OMFS

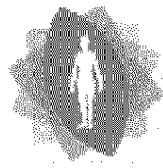
Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 04/01/2020 at 11:18 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

DWC Form RFA (Effective 2/2014)

Page 1

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kweiler, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Mar 25, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley was not physically able to come into the office today due to compliance with the current National Emergency guidelines for the COVID-19 pandemic; therefore, a telemedicine follow-up visit was done today. The nature of telehealth consultation was discussed with the patient, including the risks, benefits and alternatives. The patient had opportunity to ask questions about the information and those questions were answered. The patient verbalized understanding and agreed to this telehealth consultation.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He was approved for 12 more sessions but the facility is currently closed due to COVID 19. He will begin this when it is safe to proceed.

Patient states that he attended 2/6 sessions of massage therapy but this caused a significant increase in pain. He did stop attending these for this reason.

We do have the patient's QME report from Dr. Stoller to review today. Per the patient, he already underwent the recommended upper extremity EMG and some MRIs of his wrists.

Patient has been using Voltaren gel for topical relief of his symptoms. However, he recently trialed lidocaine ointment instead and found this to be far more effective than Voltaren gel. He inquires about a prescription for this.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Current Medications:

1. Voltaren 1% Gel Apply 2-3 grams to affected area up to 4 times daily update amount
2. Advil (OTC)
3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

Cervical Spine MRI without contrast (72141).

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Lidocaine 5% Ointment SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 60.00.

Changed/Discontinued Medication(s):

Discontinued: VOILTAREN 1% GEL - patient had better benefit from lidocaine

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

He has been approved for additional acupuncture therapy, but this is on hold due to COVID 19. He has discontinued massage therapy due to increased in pain.

We reviewed his QME with Dr. Stoller today. Per Dr. Stoller, the patient is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. The patient states that he did have the upper extremity EMG done and we will try to obtain this report. He has not heard anything regarding the cervical MRI therefore we will request for this today. Pending the results, we will discuss the potential for epidural injections vs conservative treatment.

We will trial the patient on 5% lidocaine ointment today and monitor his progress.

Follow up in 4-6 weeks.

100% of the visit was spent in counseling and coordination of care. As such, time spent with the patient should be the guiding determinant in determining the level of evaluation and management services. Fifteen minutes were spent in direct contact via telemedicine with the patient.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(e) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment

recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative

Consultants Medical Group.

JUSTIFICATION:

MRIs - Cervical Spine Part 1: Following has been recommended by the MTUS/ACOEM Guidelines regarding Magnetic Resonance Imaging of the cervical spine

Magnetic resonance imaging (MRI) is considered the gold standard in diagnostic imaging for defining soft tissue anatomy due to its greater ability to distinguish soft tissues.(340-343) Thus, MRI is recommended to assess potential nerve root or spinal cord compression, if the patient is a candidate for surgery or radiation therapy, and if no contraindications to MRI exist. Computerized tomography (CT) remains an important analytical tool especially for evaluating bony or calcified structures.(340, 341, 344, 345) MRI may also be useful in the acute trauma setting to evaluate for soft tissue injury in non-communicative patients with a high pre-test probability of significant injury that would need intervention.(340, 344, 345) MRI also can determine if a fracture seen on x-ray is recent (still has marrow edema) or remote (healed and without marrow edema).

MRI for Diagnosing Red Flag Conditions

Recommended. MRI is recommended for patients with:

1. Acute cervical pain with progressive neurologic deficit;
2. Significant trauma with no improvement in significantly painful or debilitating symptoms;
3. A history of neoplasia (cancer);
4. Multiple neurological abnormalities that span more than one neurological root level;(340, 344-347)
5. Previous neck surgery with increasing neurologic symptoms;
6. Fever with severe cervical pain; or
7. Symptoms or signs of myelopathy.

Strength of Evidence – Recommended, Evidence (C)

Level of Confidence – High

Benefits: Diagnosis of a surgically treatable condition or otherwise latent medical condition(s).

Harms: Medicalization or worsening of otherwise benign spine condition.

Rationale: MRI has been evaluated in quality studies (see evidence table); however, most cases of cervicothoracic pain and radicular pain syndromes spontaneously resolve and require no imaging.(349-351) The sensitivity and specificity of MRI or CT are difficult to define as they require a “gold standard” that is difficult to define in spine pain since the final diagnosis often is based on the same imaging modality being tested. Therefore, these clinical studies may be prone to incorporation bias, artificially inflating the sensitivity and specificity with some assuming MRI has 100% sensitivity and specificity. Multiple case series have been reported in patients with acute cervicothoracic trauma with neurologic deficits. A retrospective review evaluated MR and

CT scans in 113 acute spine trauma patients. The study reported on a total of 166 lesions found on MRI and CT scan. MRI was reported to be superior to CT scan in finding soft tissue injury, ligamentous injury, high-grade stenosis, and spinal cord injuries.(347) A case series evaluated MRI and CT scans in 14 spinal trauma patients. They reported that CT missed 3 epidural hemorrhages (100%) found on MRI, and CT missed 3 of 5 (60%) intervertebral disc injuries found on MRI.(345) It has been shown that MRI is superior to CT scan and x-ray at identifying spinal cord injury and other soft tissue injuries.(340, 344-347, 352, 353)

A study evaluating 52 cervical radiculopathy patients with or without myelopathy reported that MRI was in agreement with the surgical findings 74% of the time. When MRI and CT myelography were conducted on the same patient, the radiographic diagnosis was in agreement with the surgical diagnosis 90% of the time.(343)

A study with 497 asymptomatic patients was conducted. An overall increase of MRI findings related to age ($p < 0.0001$) was reported. Grade 1 or Grade 2 disc degeneration was found in 17% of the discs in asymptomatic men and 12% of the discs in asymptomatic women in their twenties rising to 86% and 89%, respectively, in subjects over 60 years of age.(354) A study evaluated MRI findings in a cohort of high school students with or without cervicothoracic pain. They initially surveyed students about symptoms while they were in high school. Seven years after the first survey was completed another survey was done. The participants with cervicothoracic and shoulder pain on both occasions but without significant changes over the years were chosen as the symptomatic group.

Participants without cervicothoracic or shoulder pain at both survey times were the asymptomatic group. Participants had an MRI done at the end of the 7 years follow-up. Pathological changes of the cervical spine seen with MRI in 24 to 27 years old were reported to be equally common in the symptomatic and asymptomatic groups; 20 degenerated discs in the symptomatic group (SG) and 26 in the asymptomatic group (AG); 14 annular tears in the SG, 18 in the AG; 18 disc protrusions in the SG, and 29 in the AG. Disc herniations were the only finding more prevalent in the symptomatic group, 4 in the symptomatic group and 0 in the asymptomatic group.(355).

A prospective study evaluated MRI scans in acute whiplash patients at baseline and after 3 months. Each patient was involved in a RCT evaluating immobilization, active mobilization and advice to act as usual. The initial MRIs were performed on 178 patients and follow up MRIs on 82 (46.1%) patients. The most frequent finding was pre-existing degeneration 139/178 (78%). Bulges or protrusions of one or more discs were present in 35/178 (20%) of the participants. It was determined that 7 had findings on MRI that were “traumatic” in nature (paravertebral bleeding/edema, prevertebral bleeding/edema, edema in the spinal cord, or “traumatic” disc protrusion or bulge). The authors concluded that MRI is not the answer to a diagnosis in the vast majority of patients developing long-lasting pain after a whiplash injury, and early MRI scans do not predict prognosis.(356) Others have reported evidence of fatty infiltrates in the craniocervical flexors being statistically higher on MRI in those with chronic whiplash disorders.(353) However, a prospective, 10-year study has reported MRI findings do not explain persistent symptoms.(357)

Another study evaluated MRI findings in relation to the transverse ligaments of the atlas (alar ligaments). The study evaluated 92 whiplash-injured patients diagnosed as Grade 2 whiplash patients and 30 uninjured individuals who underwent proton density-weighted MRI of the craniovertebral junction at least 2 years after the injury. Twenty out of 117 (17.1%) had Grade 2 or 3 posterior atlanto-occipital membrane lesions. No Grade 3 lesions and only one Grade 2 lesion was found in the uninjured individuals. However, no clinical correlation was made in regard to prognosis or symptoms based in the MRI findings.(358) In another study using the same populations it was reported that the transverse ligament was classified as abnormal in 64% in the injured group and 27% of the uninjured group.(358) The authors failed to explain why the alar ligament should show signs of acute injury (increased signal) 2 to 9 years after the whiplash event in spines that are not clinically unstable. Other investigators did not find MRI evaluation of the alar ligaments clinically helpful due to the high prevalence of “abnormalities” in normal people.(359, 360)

There is no quality evidence for use of MRI within the first 6 weeks of symptom onset. However, rare cases are thought to need MRI and emergent/urgent surgery (see below).(343) Patients presenting with a mild single nerve root deficit, such as an absent deep tendon reflex, should not have early MRI, as their condition usually resolves spontaneously; thus, the test does not alter the course of treatment. Those who have a documented neurologic status that then objectively deteriorates (particularly a significant increase in weakness or an increased loss of sensation compared with the prior examination) and those with a history of cancer with symptoms suggesting atypical radicular presentation do have an indication for early imaging with MRI.

In the absence of red flags suggesting fracture or serious systemic illness, imaging before 6 weeks produces no clear health outcomes benefit.(355, 356, 361-364) Early imaging would be expected to result in higher overall costs and increased morbidity through the performance of some unnecessary procedures and/or surgeries. Disc degeneration, disc bulging, and endplate changes on MRI have been shown to either not correlate at all or correlate poorly with clinical outcomes, suggesting that MRI is not useful for most patients.(340, 341, 354-356)

Patients should be a priori informed that their MRI is highly unlikely to be “normal” as few patients have a normal MRI(354), and there is a considerable rate of resolution of herniations over 6 weeks after an initial MRI documented in the lumbar spine (see Low Back Disorders guideline). A patient handout describing the prevalence of “abnormal findings” on MRI of asymptomatic individuals is helpful. Physicians lacking the time or knowledge to explain these facts to patients should avoid ordering MRIs. The discovery of degenerative changes or clinically irrelevant disc herniations in many patients may cause them to focus on the need to “fix” MRI changes that are actually normal for their age or are asymptomatic findings.(354) This may also become a rationale for avoiding participation in the therapeutic activities that promote functional recovery. In addition, lack of understanding of the strengths, indications, and limitations of a technology preclude adequate clinical interpretation of the results. In those cases, consultation with a physician experienced in treating musculoskeletal disorders may be helpful.

A prospective, observational study using MRI preoperatively to predict postoperative recovery in 57 cervical spondylotic myelopathy (CSM) patients found MRI beneficial in predicting outcomes. The study found those with high T2SI and spinal cord failure were found to predict poorer recovery. Patients with low T1SI were predictive of greater impairment, and those with

focal T2SI made more significant improvements in walking. However, the evidence of prognostic power for CSM patients is inconsistent.(365)

Open MRIs have lower ability to discern soft tissue without lower costs and are not recommended other than in circumstances where the patient is either morbidly obese and exceeds the closed MRI unit's weight specifications, or suffers from claustrophobia that is not alleviated with a low-dose anxiolytic administered prior to the procedure.

MRI is minimally invasive even when contrast is used, has few adverse effects, but is high cost. MRI changes treatment if it detects unrecognized fracture, systemic disease, or a spinal condition for which surgery is the recommended treatment.

Evidence: There are 3 high-quality studies (341, 366, 367) and 15 moderate-quality studies (340, 343-347, 352, 354-356, 358, 368-371) incorporated into this analysis.

A comprehensive literature search was conducted using multiple search engines including PubMed, Scopus, CINAHL and Cochrane Library without date limits using the following terms: magnetic resonance imaging, MRI, MRI scan, cervicalgia, neck pain, cervical pain, neck, cervical, vertebrae, vertebral, spine, radiculopathy, radiculopathies, radicular pain, intervertebral disc displacement, herniated, herniated*, displacement, displacements, displaced, disk, disc, discs, discs, pain, diagnostic, efficacy, efficiency, sensitivity, specificity, predictive value of tests, positive predictive value and negative predictive value. In PubMed, we found and reviewed 2,442 articles, and considered 8 for inclusion. In Scopus, we found and reviewed 186 articles, and considered 1 for inclusion. In CINAHL, we found and reviewed 68 articles, and considered zero for inclusion. In Cochrane Library, we found and reviewed 78 articles, and considered zero for inclusion. We also considered for inclusion 11 articles from other sources. Of the 25 articles considered for inclusion, 17 studies and 8 systematic studies met the inclusion criteria.

Lidocaine cream: The following has been recommended regarding Lidocaine in the ODG guidelines:

Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. See Criteria for use below. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. Indications: Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine patches are

generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). See Criteria for use below. Most studies have utilized the Neuropathic Pain Scale (NPS) as measure of neuropathy when there are questions of whether this is the cause of pain. There is limited information as to long-term efficacy and continued information as to outcomes should be provided to allow for on-going use. (Argoff, 2004) (Galer, 2004) (Argoff, 2006) (Dworkin, 2007) (Khaliq-2009) (Burch, 2004) (Gimbel, 2005) (Dworkin, 2003) (Finnerup, 2005) (O'Connor, 2009) Discussion about specific details of these studies are given in detail with references. Trigger points & myofascial pain: Not recommended. (Affaitati, 2009) (Dalpaiz, 2004) Osteoarthritis of the knee: Not generally recommended unless a component of neuropathy is indicated using measures such as the Neuropathic Pain Scale. All current available studies were sponsored by the manufacturer of lidocaine patches and are non-controlled, and of short-term in duration. (Burch, 2004) (Kivitz, 2008) Axial back pain (including osteoarthritis): Not recommended unless neuropathy is suggested. Current studies as to use of Lidoderm patches for non-neuropathic low back pain are non-controlled, may or may not evaluate for the presence of neuropathic quality, have included multiple stages of pain (from acute to chronic), have included multiple diagnoses, show limited results in pain reduction, and are generally sponsored by the manufacturer. Acute groups have had better results than chronic pain patients, which may be attributed to natural recovery. (Gimbel, 2005) (Galer, 2004) (Argoff, 2004) The FDA has approved a Lidocaine/ tetracaine cream (Pliaglis®) for local analgesia. This is only indicated for superficial aesthetic procedures, such as dermal filler injection, pulsed dye laser therapy, facial laser resurfacing, and laser-assisted tattoo removal. (FDA, 2013).

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/31/2020

Castro, Mario : 03/31/2020

Kweller, Esq., Zachary : 04/01/2020

Castro, Mario : 04/01/2020

UR, Chubb : 04/01/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/25/2020

Pain and Rehabilitative Consultants Medical Group

1335 Stanford Avenue

Emeryville, CA 94608

Telephone (510) 647-5101 • Fax (510) 647-5105

Name **Jonathan Shockley** Date **04/01/2020**

Address **1000 Sutter St Room 123 San Francisco, CA 94109**

R

Cervical Spine MRI without contrast

- M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
 M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
 M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
 M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

Refill

☐ Do Not Substitute

M.D.

☐ Mark Phillips, P.A.

DEA#: MP0998558 / LIC#: PA17702

☒ Babak Jamasbi, M.D.

DEA#: BJ2563345 / LIC#: G70042

☐ Timothy Lo, M.D.

DEA#: FL0167901 / LIC#: A92580

☐ Brendan Morley, M.D.

DEA#: BM3191133 / LIC#: G74102

☐ Arzhang Zereski, M.D.

DEA#: FZ3404477 / LIC#: A119704

☐ Neil K. Kamdar, M.D.

DEA#: FK5223172 / LIC#: A144608

☐ John W. Alchemy, M.D.

DEA#: BP4661369 / LIC#: 55085

☐ Susie Paik, P.A.-C

DEA#: MP1537856 / LIC#: PA19005

☐ Donny J. Cho, P.A.-C

DEA#: MC2432386 / LIC#: PA21642

☐ Julia M. Fellows, P.A.-C

DEA#: MF4602288 / LIC#: 55158

☐ Robert J. Estis, P.A.

DEA#: ME0720513 / LIC#: PA12019

☐ Jessica Aikin, P.A.

DEA#: MA4725353 / LIC#: 51677

☐ Shohreh Semati, FNP-BC

DEA#: MS3193264 / LIC#: 18520

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request** ☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

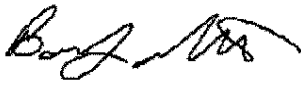
Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

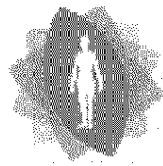
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	12 sessions of Acupuncture for the Bilateral hands, wrists and forearms	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

		Date: 03/04/2020 at 07:33 AM(PT)
Requesting Physician Signature:		
Claims Administrator/Utilization Review Organization (URO) Response		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)		
Authorization Number (if assigned):		Date:
Authorized Agent Name:		Signature:
Phone:	Fax Number:	E-mail Address:
Comments:		

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kwellner, Esq. 866-819-6169**Nurse Case Manager (if applicable):**



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Julia Fellows, PA-C

Encounter Date: Feb 26, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year

Race: Unreported/Refused to Report

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

At his last visit, he presented early due to a flare up of pain. Today he still reports increased pain, R>L, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity.

He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He would like to continue this if possible. He started massage therapy and it did cause some increased pain. He will try to be more vocal with the therapist.

The patient states that he underwent a MRI and upper extremity EMG through his QME 3 weeks ago. We do not have this report for review.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily

2. Advil (OTC)

3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

12 sessions of acupuncture 97813, 97814, 97026, 97124 Bilateral hands, wrists and forearms.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply 2-3 grams to affected area up to 4 times daily QTY: 100.00.

REF: 1 update amount

Changed/Discontinued Medication(s):

Changed: VOLTAREN 1% GEL - update amount

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

On exam he has full ROM of the bilateral shoulders with some discomfort. His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbow.

We will request for 6 additional sessions of acupuncture today.

He underwent a QME on Jan 23, 2020 and the patient had a MRI and EMG through this QME. We will review this when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

To expedite the process in which we may provide the appropriate treatment for our patient, please consider the following from California Labor Code section 4610:

(c) No person other than a licensed physician who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity to cure and relieve.

-The services we are requesting fall under the specialty of "Interventional Pain Management" which is an official medical specialty as designated by the The Department of Health and Human Services Center for Medicare and Medicaid Services and which is defined as the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatments. Interventional pain management services are characterized often by the placement of surgical length needles in the spine or areas adjacent to the spine to deliver anesthetic agents, to remove scar tissue, or to deliver a solution designed to interrupt a nerve's ability to transmit a pain sensation.

Physicians from many backgrounds including Anesthesiology and Physical Medicine and Rehabilitation (Physiatry) practice what may be described as "Interventional Pain Management", so long as the physician has undergone rigorous training in or devotes a significant portion of his or her practice to the performance of interventional pain management procedures, typically under

fluoroscopic guidance, and is familiar with the current medical literature regarding such techniques.

(f) The criteria or guidelines used in the utilization review process to determine whether to approve, modify, delay, or deny medical treatment services shall be all of the following:

(4) Disclosed to the physician and the employee, if used as the basis of a decision to modify, delay, or deny services in a specified case under review.

(g) (1) Prospective or concurrent decisions shall be made in a timely fashion that is appropriate for the nature of the employee's condition, not to exceed five working days from the receipt of the information reasonably necessary to make the determination, but in no event more than 14 days from the date of the medical treatment recommendation by the physician.

(4) "Responses regarding decisions to modify, delay, or deny medical treatment services requested by physicians shall include a clear and concise explanation of the reasons for the employer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity".

(5) If the employer, insurer, or other entity cannot make a decision within the timeframes specified in paragraph (1) or (2) because the employer or other entity is not in receipt of all of the information reasonably necessary and requested, because the employer requires consultation by an expert reviewer, or because the employer has asked that an additional examination or test be performed upon the employee that is reasonable and consistent with good medical practice, the employer shall immediately notify the physician and the employee, in writing, that the employer cannot make a decision within the required timeframe, and specify the information requested but not received, the expert reviewer to be consulted, or the additional examinations or tests required. The employer shall also notify the physician and employee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the employer, the employer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2). "I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Acupuncture - Hand, Wrist, Forearm: The following has been recommended by the MTUS/ACOEM Guidelines regarding Acupuncture

Acupuncture

Acupuncture has been used to treat CTS and other hand, wrist, and forearm MSDs.(790, 791) There is evidence of its efficacy for treatment of chronic spine disorders, although the evidence suggests traditional acupuncture is not superior to other acupuncture methods (see Chronic Pain and Low Back Disorders Guidelines).

Acupuncture for Acute, Subacute, or Chronic CTS

Not Recommended. Acupuncture is not recommended for treatment of acute, subacute, or chronic CTS.

Strength of Evidence – Not Recommended, Evidence (C)

Level of Confidence – Low

Rationale: There are quality trials of acupuncture compared with placebo or sham acupuncture and they have failed to show benefit of acupuncture for treatment of CTS.(792) One trial found no differences between acupuncture and oral steroid.(793, 794) Another trial susceptible to contact time bias found minimal differences between acupuncture and nocturnal wrist splinting.(781) Thus, the highest quality evidence suggests acupuncture is ineffective for treatment of CTS and acupuncture is not recommended.

Evidence: There are 4 moderate-quality RCTs incorporated into this analysis.(781, 792-794) There are 3 low-quality RCTs in Appendix 2.(795-797)

A comprehensive literature search was conducted using PubMed, Scopus, CINAHL and

Cochrane Library without date limits using the following terms: Acupuncture, Acupuncture Therapy, carpal tunnel syndrome, CTS, median nerve neuropathy, median neuropathy, median nerve disease, entrapment, neuropathy, nerve compression, burning, itching, numbness, tingling, wrist, hand, palm, finger, pain, controlled clinical trial, controlled trials, randomized controlled trial, randomized controlled trials, random allocation, random,* randomized, randomization, randomly; systematic, systematic review, retrospective studies, and prospective studies. We found and reviewed 40 articles in PubMed, 411 in Scopus, 83 in CINAHL, 46 in Cochrane Library and 0 in other sources. We considered for inclusion 7 from PubMed, 2 from Scopus, 0 from CINAHL, 0 from Cochrane Library and 0 from other sources. Of the 9 articles considered for inclusion, 8 randomized trials and 2 systematic studies met the inclusion criteria.

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to

prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

LC 3209.10. (a) Medical treatment of a work-related injury required to cure or relieve the effects of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 03/04/2020

Castro, Mario : 03/04/2020

UR, Chubb : 03/04/2020

This visit note has been electronically signed off by Fellows, Julia, PA-C on 03/02/2020

Pain and Rehabilitative Consultants Medical Group

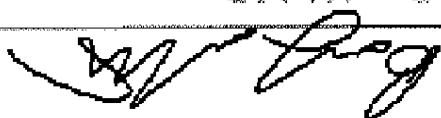
1335 Stanford Avenue
Emeryville, CA 94608
Telephone (510) 647-5101 • Fax (510) 647-5105

Name: Jonathan Shockley Date: 03

Address: 1000 Sutter St Room 123 San Francisco, CA 94109

12 sessions of Acupuncture for the Bilateral hands, wrists and forearms

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm
M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm
M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm
M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm



- | | | | | | |
|---------------------------------------|---------|---|---------------------------------|---|---------------------------------|
| <input type="checkbox"/> Donny J. Q | DEA#: M | <input type="checkbox"/> Arzhang Zereshti, M.D. | DEA#: FZ3404477 / LIC#: A119704 | <input type="checkbox"/> Mark Phillips, P.A. | DEA#: MP0998558 / LIC#: PA17702 |
| <input type="checkbox"/> Julia M. F | DEA#: M | <input type="checkbox"/> Neil K. Kamdar, M.D. | DEA#: FK5223172 / LIC#: A144608 | <input checked="" type="checkbox"/> Babak Jamasbi, M.D. | DEA#: BJ2563345 / LIC#: G70042 |
| <input type="checkbox"/> Robert J. I | DEA#: M | <input type="checkbox"/> John W. Alchemy, M.D. | DEA#: BP4661369 / LIC#: 55085 | <input type="checkbox"/> Timothy Lo, M.D. | DEA#: FL0167901 / LIC#: A92580 |
| <input type="checkbox"/> Jessica A. I | DEA#: M | <input type="checkbox"/> Susie Paik, P.A.-C | DEA#: MP1537856 / LIC#: PA19005 | <input type="checkbox"/> Brendan Morley, M.D. | DEA#: BM3191133 / LIC#: G74102 |
| <input type="checkbox"/> Shohreh S | DEA#: M | | | | |

Refill	
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State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request** ☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Christian G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 ext 471**

Fax Number: **510-647-5105**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**


Fax Number: **800-664-1765**

E-mail Address:

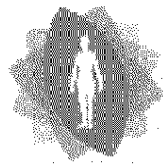
Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other soft tissue disorders related to use, overuse and pressure, left forearm Other soft tissue disorders related to use, overuse and pressure, right forearm Other soft tissue disorders related to use, overuse and pressure, left upper arm Other soft tissue disorders related to use, overuse and pressure, right upper arm	M70.832, M70.831, M70.822, M70.821, Z79.899	1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00		
		Date of Visit: Jan 10, 2020		

Treatment to be paid under the CA OMFS. Peer to Peer calls: Mon-Fri 3:30pm -5pm PT. Please call (510) 647-5101 x0				
			Date: 02/03/2020 at 11:01 AM(PT)	
Requesting Physician Signature:				
Claims Administrator/Utilization Review Organization (URO) Response				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (See separate decision letter) <input type="checkbox"/> Delay (See separate notification of delay) <input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed (See separate letter)				
Authorization Number (if assigned):			Date:	
Authorized Agent Name:			Signature:	
Phone:	Fax Number:		E-mail Address:	
Comments:				

CC:**UR Department (if applicable):**213-612-5785**Applicant Attorney (if applicable):**Zachary Kwellner, Esq. 866-819-6169



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Jan 10, 2020

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year 3 Month 1 Week

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

Patient denies acute changes to his pain complaints. He continues to report bilateral hand and arm pain, right greater than left. Occasionally pain radiates up from his hands into his bilateral

forearms and up towards his neck. Pain is worse with repetitive use of his upper extremities, typing, or computer work. Pain is better with conservative treatment.

He reports improvement with acupuncture treatment, he has recently been approved for 6 additional sessions. With regard to massage therapy, he reports that this did not really help as the practitioner was only able to focus on his hands, while it's really his whole arms that are painful to him. He would be interested in continuing with this treatment if it were to include both arms rather than just both hands.

With regard to medication, he reports improvement with the use of Voltaren gel. He denies side effects with the use of this medication. He requests for a refill today.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient denies anxiety, depression, hallucinations, or suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

Medical History:

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.
4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

Social History:

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Voltaren 1% Gel Apply to affected area daily

2. Advil (OTC)

3. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of Massage Therapy (97124)- for the bilateral upper extremities.

This is a formal request for authorization of the medications within the "prescriptions" section of this note.

DIAGNOSIS:

M70.832 Other soft tissue disorders related to use, overuse and pressure, left forearm

M70.831 Other soft tissue disorders related to use, overuse and pressure, right forearm

M70.822 Other soft tissue disorders related to use, overuse and pressure, left upper arm

M70.821 Other soft tissue disorders related to use, overuse and pressure, right upper arm

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

This patient was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

He is off work at this time.

Plan:

- He has been approved for 6 additional sessions of acupuncture treatment, we will monitor his response to this.
- We will request for 6 sessions of massage therapy for his bilateral arms, rather than just his bilateral hands.
- If he does not respond to conservative measures, an evaluation at the Northern California functional restoration program would be indicated. He continues to be off work.
- Voltaren gel refilled today.
- He is scheduled for QME on Jan 23, 2020. We will review this report when available.

Follow up in 4-6 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

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Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request. *Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

JUSTIFICATION:

Voltaren Gel: The following has been recommended regarding Voltaren gel in the MTUS/ACOEM guidelines

Topical NSAIDs are selectively recommended for treatment of chronic persistent pain where target tissue is superficially located.

Strength of Evidence – Recommended, Insufficient Evidence (I)

Level of Confidence – Low

Indications: Chronic persistent pain in a superficial area that is amenable to a topical agent. Should generally have intolerance of, or another indication against oral NSAID use.

Benefits: Improvement in pain and function. Avoidance of gastrointestinal adverse effects of some NSAIDs.

Harms: Irritation, allergy, having to use on skin that may interfere with some job performance needs

Frequency/Dose/Duration: Per manufacturer's recommendations

Indications for Discontinuation: Resolution, intolerance, adverse effects, or lack of benefits.

Rationale: There are no quality studies of treating chronic persistent pain with topical NSAIDs. The target tissue for most, but not all chronic persistent pain with an occupational basis is generally too deep for justification of use of topical NSAIDs. Topical NSAIDs are not invasive, have low adverse effects, are high cost for a typical treatment regimen, and are selectively recommended for treatment of conditions amenable to topical treatment who generally also have intolerance or other contraindication for oral NSAID use.

Evidence: There are high- and moderate-quality RCTs incorporated into this analysis. There are no quality studies evaluating topical NSAIDs for treatment of chronic persistent pain syndrome.

It has been brought to our attention that on occasion there has been some confusion in regards to prescriptions written from physician assistants and nurse practitioners in this office (Pain and Rehabilitative Consultants Medical Group) working under the direction of the primary treating physician. These prescriptions are not being honored and are refused to be filled by the adjusters because they are written by the physician assistant or nurse practitioner. All of our physician assistants and nurse practitioners are licensed in California and work directly under the supervision of medical doctors. Please refer to the following labor code LC 3209.10 in regards to the legality of physician assistants, nurse practitioners, and primary treating physicians as it relates to the ability to write prescriptions:

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of the injury may be provided by a state licensed physician assistant or nurse practitioner, acting under the review or supervision of a physician and surgeon pursuant to standardized procedures or protocols within their lawfully authorized scope of practice. The reviewing or supervising physician and surgeon of the physician assistant or nurse practitioner shall be deemed to be the treating physician. For the purposes of this section, "medical treatment" includes the authority of the nurse practitioner or physician assistant to authorize the patient to receive time off from work for a period not to exceed three calendar days if that authority is included in a standardized procedure or protocol approved by the supervising physician. The nurse practitioner or physician assistant may cosign the Doctor's First Report of Occupational Injury or Illness. The treating physician shall make any determination of temporary disability and shall sign the report.

CC:

Kweller, Esq., Zachary : 02/03/2020

Castro, Mario : 02/03/2020

UR, Chubb : 02/03/2020

Kweller, Esq., Zachary : 02/03/2020

Castro, Mario : 02/03/2020

This visit note has been electronically signed off by Aikin, Jessica, PA-C on 01/31/2020

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

- ☒ **New Request** ☐ **Resubmission – Change in Material Facts**
☐ **Expedited Review:** Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): **Shockley, Jonathan**

Date of Injury (MM/DD/YYYY): **02/15/2019**

Date of Birth (MM/DD/YYYY): **09/27/1978**

Claim Number: **040519008736**

Employer: **Biotelemetry, Inc**

Requesting Physician Information

Name: **Dr. Jamasbi, Babak J,**

Practice Name: **PRCMG**

Contact Name: **Bembem G.**

Address: **1335 Stanford Ave**

City: **Emeryville**

State: **CA**

Zip Code: **94608**

Phone: **510-647-5101 x133**

Fax Number: **510-647-5105 or 510-540-6965**

Specialty: **Pain Management**

NPI Number: **1376637199**

E-mail Address:

Claims Administrator Information

Company Name: **Chubb Son of Federal Ins Company**

Contact Name: **Castro, Mario**

Address: **P.O. Box 42065**

City: **Phoenix**

State: **AZ**

Zip Code: **85080**

Phone: **213-612-5378**

Fax Number: **800-664-1765**

E-mail Address:

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

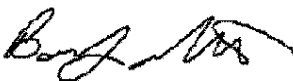
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)
Other long term (current) drug therapy	M70.832, M70.831, M70.822, M70.821, Z79.899	6 sessions of Acupuncture for the Bilateral Hands	97813, 97814, 97026, 97124	

Treatment must be paid under the California OMFS

Peer to Peer calls: Mon-Friday:3:30pm -5pm PT. Please call (510) 647-5101 x0

Date: **12/02/2019 at 10:16 AM(PT)**

Requesting Physician Signature:



Claims Administrator/Utilization Review Organization (URO) Response

- ☐ **Approved** ☐ **Denied or Modified** (See separate decision letter) ☐ **Delay** (See separate notification of delay)
☐ **Requested treatment has been previously denied** ☐ **Liability for treatment is disputed** (See separate letter)

Authorization Number (if assigned):

Date:

Authorized Agent Name:

Signature:

Phone:

Fax Number:

E-mail Address:

Comments:

DWC Form RFA (Effective 2/2014)

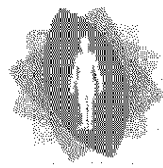
Page 1

CC:

UR Department (if applicable):213-612-5785

Applicant Attorney (if applicable):Zachary Kweiler, Esq. 866-819-6169

Nurse Case Manager (if applicable):



Pain & Rehabilitative

CONSULTANTS MEDICAL GROUP

Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Nov 22, 2019

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 **Age:** 41 Year 1 Month 3 Week

Address: 1000 Sutter St Room 123, San Francisco CA 94109 **Pref. Phone(H):**
415-312-4029

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

He continues to report bilateral hand pain, right greater than left. Occasionally pain radiates up his arms towards his neck. Pain is worse with repetitive use of his upper extremities, excessive

typing or computer work. Pain is better with conservative treatment.

He reports having a pain flair with the use of massage therapy, this dramatically increased his pain.

He also has been going to acupuncture treatment. This does help with his pain.

With regard to medication, he does take Advil as needed for pain.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient complains of anxiety but denies depression, hallucinations and suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Advil (OTC)

2. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of acupuncture 97813, 97814, 97026, 97124 Hand Bilateral Hands.

DIAGNOSIS:

Z79.899 Other long term (current) drug therapy

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

Plan:

- He will continue with acupuncture treatment, he has approximately 7 appointments remaining. Before acupuncture treatment his pain is a an 4-6/10, this will decrease down to approximately down to a 2-3/10, this allows him to use his hands more. We will request for 6 additional sessions so he can continue this.
- Ok to discontinue massage therapy, TENS dramatically increased his pain.
- If he does not respond to conservative measures, an evaluation at the Northern California functional restoration program would be indicated.
- Voltaren gel prescribed today.
- He is scheduled for QME on Jan 23, 2020.

Follow up in 4 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Jamasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

CC:

Kweller, Esq., Zachary : 12/02/2019

Castro, Mario : 12/02/2019

UR, Chubb : 12/02/2019

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 11/26/2019

CHUBB®

Date: 08/18/2020

Delivery Method:

Name: Babak Jamasbi, MD
Address: 1335 Stanford Ave., Emeryville, CA 94608
Attention: Babak Jamasbi, MD

Re: WRITTEN DECISION DEFERRING UTILIZATION REVIEW OF
REQUESTED OCCUPATIONAL INJURY OR RECOMMENDED
TREATMENT

Provider: Babak Jamasbi, MD
Claimant: Jonathan Shockley
ClaimNumber: 040519008736
Date of Loss: 02/15/2019

Dear Sir / Madame:

This letter is being written pursuant to Title 8, Section 9792.9.2, "Utilization Review Standards". A Request for Authorization, DWC Form RFA, has been received as follows:

- (A) Provider's Name: Babak Jamasbi, MD
- (B) DWC Form RFA was first received on: 08/13/2020
- (C) Proposed medical treatment for which authorization was requested:
Trigger Point Injections, Surgical Consult for the Neck

Chubb Indemnity Insurance Company disputes liability for the injury, claimed body part or parts, or the recommended treatment as follows: Cervical spine and trapezius muscles. As a result, a utilization review determination the above requested treatment being deferred.

Please be advised that in accordance with the applicable Utilization Review Standards and associated administrative rules: *"Any dispute under this subdivision shall be resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board."*

TO THE INJURED WORKER:

"You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me Mario Castro at (213) 612-0880. However, if you are represented by an attorney, please contact your attorney instead of me."

And,

“For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.”

Thank you for your anticipated cooperation.

Sincerely,

Mario Castro

Claims Specialist
Phone: (213) 612-0880

Copies: Jonathan Shockley
Co Farber &



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On August 19, 2020, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Babak J Jamasbi, MD
Fax: (510) 847-5105

Erika.Perez@Chubb.com
Email: Erika.Perez@Chubb.com

Executed on August 19, 2020, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in cursive script, appearing to read "Linda A. Grant", written over a horizontal line.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On August 19, 2020, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Babak J Jamasbi, MD
1335 Stanford Ave.
Emeryville
CA
94608

Christian Charles Colantoni
201 Spear Street, Ste. 1100
San Francisco
CA
94105

Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Executed on August 19, 2020 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink that reads "Becca Guimont".

Signature

File: 040519008736, Shockley Jonathan

End of document.

CHUBB[®]

NOTICE OF DEFERRED RFA

Date: 6/8/2019

Requesting provider: Jessica Aikin, PAC
Address: 213 Quarry Rd., Rm 2851
City, State, Zip: Palo Alto, CA. 94304

Re: Jonathan Shockley
Employer: Biotelemetry, Inc.
Claim No.: 040519008736
Date of Injury: 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

Receipt Date: 06/05/2020 **DOS:** 5/29/2020
Service(s) Request: Lidocaine 5% # 60

Reason: RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro
Claims Specialist
(213) 612-5785 fax

Enclosure:



ELECTRONIC PROOF OF SERVICE

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5th Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On June 8, 2020, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Crystal.Rodriguez@chubb.com
Email: Crystal.Rodriguez@chubb.com

Executed on June 8, 2020, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read 'Linda A. Grant', written over a horizontal line.

Signature

File: 139249073 Shockley



PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On June 8, 2020, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Christian Charles Colantoni
201 Spear Street, Ste. 1100
San Francisco
CA
94105

Farber & Co
333 Hegenberger Road #504

Oakland
CA
94621

Jessica Aikin, PAC
213 Quarry Rd., Rm 2851
Palo Alto
CA
94304

Jonathan Shockley
1000 Sutter St.
San Francisco
CA
94109

Executed on June 8, 2020 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink that reads 'Becca Guimont'.

Signature

File: 040519008736, Shockley Jonathan